

**CITY OF GLENN HEIGHTS
WAIVER OF LIABILITY AND ASSUMPTION OF RISKS AGREEMENT**

NAME OF PARTICIPANT: _____

ACTIVITY: _____

DATE(S) OF ACTIVITY: _____

FACILITY AND LOCATION: _____

FOR GOOD AND VALUABLE CONSIDERATION OF THE PARTICIPATION IN THE ABOVE-REFERENCED ACTIVITY FOR WHICH THE UNDERSIGNED PARTICIPANT HAS VOLUNTARILY REGISTERED, THE SUFFICIENCY AND RECEIPT OF WHICH ARE HEREBY ACKNOWLEDGED, I, THE PARTICIPANT OR THE PARTICIPANT'S PARENT AND/OR LEGAL GUARDIAN, FOR AND ON BEHALF OF MYSELF, THE REGISTERED PARTICIPANT, THEIR HEIRS, EXECUTORS, AND ASSIGNS (COLLECTIVELY REFERRED TO AS THE "PARTICIPANT") DO HEREBY FULLY RELEASE, INDEMNIFY AND HOLD HARMLESS THE CITY OF GLENN HEIGHTS, TEXAS, ITS OFFICERS, AGENTS, EMPLOYEES, THIRD PARTY REPRESENTATIVES AND INVITEES (COLLECTIVELY REFERRED TO AS THE "CITY") FROM ANY AND ALL CLAIMS, SUITS, LIABILITIES, DAMAGES, CAUSES OF ACTION OF ANY KIND WHATSOEVER, STATUTORY OR OTHERWISE, PERSONAL INJURY INCLUDING DEATH, PROPERTY DAMAGE AND LAWSUITS AND JUDGMENTS, INCLUDING COURT COSTS, EXPENSES AND ATTORNEY'S FEES, AND ALL OTHER RELATED EXPENSES THAT THE PARTICIPANT HAS, OR MIGHT HAVE, KNOWN, OR UNKNOWN, NOW EXISTING OR THAT MIGHT ARISE HEREAFTER DIRECTLY OR INDIRECTLY FROM THE PARTICIPANT'S INVOLVEMENT AND PARTICIPATION IN THE ABOVE-REFERENCED ACTIVITY.

I RECOGNIZE AND UNDERSTAND THAT THE CITY GIVES NO REPRESENTATIONS OR WARRANTIES THAT THE ACTIVITIES OR SITES RELATED TO ABOVE-REFERENCED ACTIVITY ARE FREE FROM HAZARDS THAT MAY CAUSE BODILY INJURY, ILLNESS, MENTAL ILLNESS, MENTAL DISTRESS, DEATH, AND/OR PROPERTY DAMAGE, AND I HEREBY EXPRESSLY AND SPECIFICALLY ASSUME THE RISKS OF INJURY OR HARM TO ME AND/OR MY CHILD IN THESE AND OTHER SITUATIONS THAT MAY ARISE DURING OR AFTER PARTICIPATION BY ME OR THE PARTICIPANT IN THE ACTIVITY. I ASSUME THE RISKS INVOLVED WITH PARTICIPATION IN THE ABOVE-REFERENCED ACTIVITY, INCLUDING EXPOSURE TO THE OUTDOOR ELEMENTS, PROPERTY DAMAGE, PERSONAL INJURY, AND DEATH. THIS PROVISION SHALL SURVIVE THE TERMINATION OF THIS AGREEMENT.

I acknowledge that I have carefully read and understand the terms of this Agreement, and have had sufficient opportunity to have an Attorney to advise me of the legal effect of the terms and conditions of this Agreement. I agree to sign this Agreement as written without modification.

By my signature I hereby agree to the terms and conditions outlined above. SIGN BOTH PAGES.

Name of Participant (Print)

Signature of Participant or Parent/Guardian (if a minor)

Date of Signature

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EMERGENCY CONTACT INFORMATION

1. Name: _____

Address: _____

Phone: _____

Relationship: _____

2. Name: _____

Address: _____

Phone: _____

Relationship: _____